

2010 - 2012 PUBLIC ACCOUNTING FIRM RENEWAL COMPLIANCE FORM

**(THIS FORM MUST BE COMPLETED BY ALL FIRMS RENEWING LICENSE TO PRACTICE)**

GEORGIA STATE BOARD OF ACCOUNTANCY

**IF ALL SUPPORTING DOCUMENTATION FOR PEER REVIEW IN ACCORDANCE WITH BOARD RULE 20-13-.02 IS NOT ATTACHED, THIS APPLICATION MAY BE RETURNED AS INCOMPLETE.**

*Your registration will not be renewed until this information is reviewed and approved by the Board.*

**IMPORTANT!!**

**Renewal Deadline:** June 30, 2012.

**Your Public Accounting Firm Registration expires on June 30, 2012.** Complete this form, sign and return with all Peer Review documentation by June 30, 2012.

**Late renewal:** July 1, 2012 – September 30, 2012, late renewal fee \$325.00. Complete this form, sign and return with all Peer Review documentation by September 30, 2012.

**Renewal after September 30, 2012:** Must reinstate. The reinstatement is at the Board's discretion and the fee is \$575.00 in accordance with Board Rule 20-9.01. Complete this form, sign and return with all Peer Review documentation attached.

Georgia State Board of Accountancy  
237 Coliseum Drive  
Macon, GA 31217-3858  
Questions? Call 478.207.2440

**Note:** If your firm is changing its name due to the addition or deletion of a partner/owner or shareholder, **you must complete a new application** for registration of firms and offices found at our website [www.sos.georgia.gov/plb/accountancy/](http://www.sos.georgia.gov/plb/accountancy/)

Firm Registration #: \_\_\_\_\_

1. List name(s) of all owners, partners, directors, and shareholders personally engaged in the practice of public accountancy in Georgia. (Must hold live permit to practice in Georgia.)

**NAME/CERTIFICATE NUMBER/EXPIRATION DATE** (\*must have an expiration date of December 31, 2013)

NAME	CERTIFICATE #	*EXPIRATION DATE

2. In addition to the owner, does this firm have one or more employees who hold live permits to practice in Georgia? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Registration of Office(s): Complete the following for every office which performs public accounting services in Georgia (\*Please see "Statement of Policy #14" on the Board's website for resident manager requirements).

\*Resident Manager's Name \_\_\_\_\_ Ga. Cert. No. \_\_\_\_\_ Office Address (Physical Location) \_\_\_\_\_

Office #1: \_\_\_\_\_

Office #2: \_\_\_\_\_

Office #3: \_\_\_\_\_

4. If main office of firm is outside of Georgia, list state where located: \_\_\_\_\_

I am applying for renewal of my Public Accounting Firm registration, and I authorize the Board to receive from any federal, state, or local criminal justice agency any criminal history regarding me. Under penalty of perjury, I swear or affirm that the information I have provided in this application is correct to the best of my knowledge. I further state that I have read and understand the current rules and regulations of the Georgia State Board of Accountancy, and that I will advise the Board office of any changes in this registration within 30 days of such change.

Signature of Owner or Partner holding live permit to practice in Georgia: \_\_\_\_\_

Date: \_\_\_\_\_

